

THE STATE OF NEVADA
PROOF OF APPROPRIATION OF WATER FOR
STOCK WATERING PURPOSES

(1) Name of claimant Dollyruth Ansolabehere
Route 3, Box 3 of Austin
Street and No. or P.O. Box No. City or town
Nevada 89310
State and Zip Code No.

(2) Source of water Rock Spring
Name of natural water source.

(3) The water is diverted by Improved Spring, Pipelines and Stock Troughs
Dam, ditch, pipe line, natural channel, spring area, etc.

(4) The water is diverted at the following point(s) SW $\frac{1}{4}$ SW $\frac{1}{4}$ of Section 12, T 22 N,
Describe as being within a 40-acre subdivision of public survey, and by course and distance to a section corner. If on unsurveyed land it should
R 42 E, MDB & M., at a point from which the NW corner of Section 18,
be stated. Diversion over a channel reach must be described by course and distance to a section corner for both the beginning and end of such
T 22 N, R 43 E, MDB & M., bears S 75° 36' 00" E, 4500.00 feet.
reach.

(5) The water is impounded in Troughs (originally pools and natural channels)
Troughs, tanks, pools, reservoir, natural channel, etc.

(6) The construction of the ditch or other works was begun 1875
Date
and completed _____
Date

(7) The nature of the claimant's title to the land upon which the source of water and place of use
are located is Public Domain with grazing permit
Patented, deeded, public domain with grazing permit, etc.

(8) The claimant's water right was (was not) recorded in the office of the County Recorder of
_____ County, at Page _____ of Book _____ of _____
NOTE—Failure to record in the county in no way invalidates a water right, but if water right was so recorded, supply full information under (8).

4-53-24

Remarks

The undersigned, being first duly sworn, deposes and says that the facts relative to the appropriation of water by Dollyruth Ansolabehere her are full and correct to the best of ~~his~~ knowledge and belief.

If proof is not made by claimant, deponent should state on this line by virtue of what authority he represents the claimant.

Dollyruth Ansolabehere
Claimant
Telephone No. (702) 964-2545

By

Street and No., or P.O. Box No.

City, State, Zip Code No.

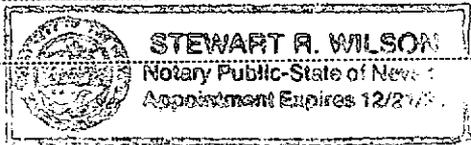
Telephone No. (.....)

Subscribed and sworn to before me this 19th day of April, 1991

[Signature]

Notary Public in and for the County of

My commission expires



\$50 FILING FEE MUST ACCOMPANY PROOF